

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Law  
City K. C., Mo. (No. General Hospital no 2)

Registration District No. 399  
Primary Registration District No. 1002

File No. 6205  
Registered No. 320  
St. 3rd Ward

2. FULL NAME

Dan Mitchell  
(a) Residence, No. 1813 Charlotte St., Ward. 1  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10<sup>th</sup> 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
29 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock, Ark.

13. NAME unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Phoebe C. Clark  
Gen. Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Cem. DATE 2-1 1937

19. UNDERTAKER (ADDRESS) Street Appletan & Son  
1905 N. 4th St.

20. FILED 2/1/37 M. A. Groom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29<sup>th</sup> 1937

22. I HEREBY CERTIFY, that I attended deceased from 12-28- 1936, to 1-29- 1937

I last saw him... alive on Jan. 29<sup>th</sup> 19. 37 Death is said to have occurred on the date stated above, at 8:20 p. m.

The principal cause of death and related causes of importance were as follows:

Erysipelas

Date of onset

Other contributory causes of importance:

Nephritis Acute  
due to erysipelas

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Groom, M. D.

(Address)

